



REQUEST FOR PROPOSAL

“Public-Not for profit Partnership” for Management & Strengthening of Outreach activities under Sub Center HWCs in partnership mode under NHM, Odisha

DISCLAIMER

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SECTION -1: NOTICE INVITING PROPOSAL

Detailed proposals are invited through **ONLINE** from eligible entities to select the Agency for “Management & Strengthening of Outreach activities under Sub Center HWCs” under NHM, Odisha.

Important Timelines

| Sl. No. | Activity | Timeline |
|----------------|--|--|
| 1 | Date of Advt. publication. | Date. 11/11/2022 (The detailed RFP document downloadable from Website: www.nhmodisha.gov.in) |
| 2 | Pre-bid Meeting | The pre-bid meeting shall be organized as per the following schedule: Date of pre-bid meeting: 17/11/2022. Time of pre-bid meeting: 4.00 P.M. Venue of pre-bid meeting: Conference Hall, NHM, Unit-8, Nayapalli, Bhubaneswar. The clarification/amendment, if any, due to the pre-bid queries shall only be hosted in the NHM, Odisha website (www.nhmodisha.gov.in (under ‘Tender’ link)). |
| 3 | Last date for submission of online proposal. | Date: 28/11/2022 NB: Proposals should be submitted through ONLINE only. No other mode of submission will be accepted or entertained. |
| 4 | Link for online application | Interested Agencies can apply on the web link: www.nhmodisha.in/ngo . |

SECTION - 2: SCHEDULE OF ONLINE PROPOSAL SUBMISSION

Online proposals are invited for 'Management & Strengthening of Outreach activities under Sub Center HWCs' in following district. Detailed list of HWC Sub Centers are at **Annexure-A**.

| SI No | RFP No | Name of the Districts | Nos. of Sub Centers | Mode of submission of application |
|--------------|------------------------|------------------------------|----------------------------|--|
| 1 | NHM/ SC HWC /2022/4 | Angul | 6 | Online only |
| 2 | | Bhadrak | 9 | Online only |
| 3 | | Cuttack | 9 | Online only |
| 4 | | Jagatsinghpur | 9 | Online only |
| 5 | | Jajpur | 13 | Online only |
| 6 | | Kendrapada | 5 | Online only |
| 7 | | Khordha | 5 | Online only |
| 8 | | Mayurbhanj | 16 | Online only |
| 9 | | Puri | 7 | Online only |
| 10 | | Sambalpur | 4 | Online only |
| 11 | | Sundargarh | 14 | Online only |
| TOTAL | | | 97 | |

SECTION – 3: INSTRUCTIONS TO THE BIDDERS

3.1 Scope of Proposal:

Interested bidders fulfilling the eligibility criteria **may apply for the projects (District to be considered as one unit/project, irrespective of number of SC HWCs) by submitting their application through online for 'Management & Strengthening of Outreach activities under Sub Center HWCs' listed in Section 2: Schedule of Proposal Submission.** The following points are to be ensured while applying for the projects.

- (a) Detailed description of the objectives, scope of services, deliverables and other requirements relating to **'Management & Strengthening of Outreach activities under Sub Center HWCs'** are specified in this RFP. The manner in which the Proposal is required to be submitted, accepted and evaluated is also explained in this RFP.
- (b) Proposals must be submitted through **online only** within the due date and time mentioned in this RFP. **Application submitted in any other mode and received after the due date and time will not be accepted.**
- (c) The selection of the Agency shall be on the basis of an evaluation by the Desk Appraisal Committee and District NGO Committee of the concerned District through the Selection Process specified in this RFP. Bidders shall be deemed to have understood and agreed that no explanation or justification for any aspect of the Selection Process will be given and that the CDM&PHO-cum-District Mission Director's decision is without any right of appeal whatsoever.
- (d) The bidder shall submit **online proposal** in the form and manner as specified in this RFP. **There shall not be any Financial Proposal to be submitted in the tender, as this is a fixed cost based project. The cost of project is Rs. 5,86,000/- per Sub Center HWC per annum (fixed cost)** as per provision made in the NHM PIP. The cost may be modified based on approval in the NHM PIP time to time. The continuation of the project is also subject to the approval of the activity in annual PIP of NHM.
- (e) Upon selection, the Agency shall be required to enter into a MoU with the Zilla Swasthya Samiti (ZSS) of the concerned District for implementation of the project. The implementation of the 'Management & Strengthening of Outreach activities under Sub Center HWCs' will be guided by the terms and conditions of the MoU.

3.2 Eligibility Criteria for the Agency:

The entities fulfilling the following criteria are eligible to apply:

1. It must be registered under Society Registration Act/Indian Trust Act/Company Act.
 - (a) If registered under Society Registration Act (**Registration from Appropriate Authority**), it must have the provision of health services, health care, primary healthcare, and any other health related services in its memorandum of association.
 - (b) If it is a Trust, it must have been formed to provide health services, health care, primary health care or any other health related services.
 - (c) In case of Company, it must be in Section 8 of Companies under the companies Act 2013

(erstwhile Sector 25 Companies under Companies Act 1956) with provision of healthcare as one of the businesses in the memorandum of association.

2. One person Companies are not eligible to apply.
3. To be eligible to apply, the entity must be in existence for at least 5 years as on 31st March 2022. Entities established/registered after 31st March 2017 are not eligible to apply.
4. The entities must have minimum 5 years of proven field level experience in Health & Family Welfare Programme OR any Social Development Sectors as on 31st March 2022.
5. In case of NGO/Trust, the entity must have Unique ID Number through registration in the portal NGO-DARPAN of NITI Aayog.
6. The entities should have an annual turnover of at least Rs 25 lakhs per each year in the last three financial year i.e. 2018-19, 2019-20 & 2020-21.
7. The entity must enclose documents of having minimum of Rs. 10 lakhs as fixed assets in the name of the entity in terms of Land, building and other fixed assets as per audit report of last FY 2020-21.
8. Entity should have been registered under 12-A of Income Tax exemption.
9. The entity must not have been "blacklisted"/ "debarred" from participating in any tendering process by any State Govt./Central Govt. Institutions. An original affidavit to this effect is to be submitted.
10. The entity or any of its office bearers must not have been convicted/case pending against them by any court of law in India or Abroad for any civil/criminal offences. An original affidavit to this effect is to be submitted.
11. If partnership with the entity has been discontinued due to poor performance in implementation of any PPP projects under NHM as identified by the External Evaluating Agency, the said entity shall not be eligible to apply for this project for the same district. Further, in case the service of any entity has been discontinued on the basis of the conduct of any financial irregularities, the said entity shall not be allowed to apply in any of the district.
12. The entities must submit an undertaking for the willingness to sign the service level agreement towards the implementation of the project.

3.3. Submission of Proposal:

The proposal shall be submitted through **ONLINE** in the following manner:

- i. The interested Agencies can apply on the web link: www.nhmodisha.in/ngo.
- ii. To apply, the Agency will first register its details in the Index Page of the web application to get User ID and Password in the registered Mobile Number. This is mandatory and a onetime activity.
- iii. After creation of User ID and Password at the Index Page, the User can login to submit online application which contains; Agency profile, details of experiences, annual turnover, details of

EMD, declaration, upload of required documents (compulsory and other documents), preview of application and submit.

- iv. The user can also go back by clicking the edit option and re-check the information submitted.
- v. The information / data once submitted will be the final and cannot be edited again.
- vi. After completion of all required formalities, the user has to Log Out from the application and back to Index Page.
- vii. In the selection process, if the District User has raised any objection to the application before making it shortlisted, the same will be displayed to the User in the screen along with a message notification to reply to the same within a stipulated time. The Agency may submit their compliances, if any, through online.
- viii. The detailed User Manual for Agencies for 'online NGO Application System' can be downloadable from Website: www.nhmodisha.gov.in
- ix. The last date for submission of online application is **28/11/2022**.

3.4. Earnest Money Deposit (EMD):

EMD @ **Rs. 5,000/-** per Sub Center for the applied district shall be submitted in the shape of a Demand Draft or Banker's Cheque in favour of **ZSS, NRHM Additionalities**, (Name of the District for which the bidder is applying for) is to be submitted separately in a sealed envelope through **Speed post/Registered post/Courier only** to the CDM&PHO, (Name of the applied district) along with a forwarding letter. The EMD must be reached to the CDM&PHO, (applied district) on or before the last date & time for submission of online application specified in the Section-1 of the RFP. Details of the Demand Draft or Banker's Cheque (DD/BC No., date, name of the Bank) must be mentioned in the appropriate box under online application. **District wise number of Sub Centers with total amount of EMD to be submitted is given below;**

| Sl No | Name of the Districts | Nos. of Sub Centers (SC) | EMD to be submitted @ Rs. 5,000/- per SC |
|-------|-----------------------|--------------------------|--|
| 1 | Angul | 6 | Rs. 30000/- |
| 2 | Bhadrak | 9 | Rs. 45000/- |
| 3 | Cuttack | 9 | Rs. 45000/- |
| 4 | Jagatsinghpur | 9 | Rs. 45000/- |
| 5 | Jajpur | 13 | Rs. 65000/- |
| 6 | Kendrapada | 5 | Rs. 25000/- |
| 7 | Khordha | 5 | Rs. 25000/- |
| 8 | Mayurbhanj | 16 | Rs. 80000/- |
| 9 | Puri | 7 | Rs. 35000/- |
| 10 | Sambalpur | 4 | Rs. 20000/- |
| 11 | Sundargarh | 14 | Rs. 70000/- |

The EMD will be refunded after selection of the successful bidder. No interest will be paid on the EMD. **The online bid proposals not accompanied by EMD will not be considered. EMD of the bidder will be forfeited if it is discovered that the bidder has submitted false or forged or incorrect or misleading documents or information. In case of successful bidder, the EMD furnished by the bidder shall be refunded after submission of Performance Security for execution of contract.**

3.5. Supporting documents to be uploaded:

The following supporting documents required to be uploaded during online application by the entity in the appropriate locations. Below prescribed compulsory documents are mandatory to upload, failing which the submission may not be accepted.

| Sl.No | Particulars |
|--------------------------------|---|
| A. Compulsory Documents | |
| 1 | Registration Certificate of the Agency (Appropriate registration under Society/Trust/Companies Act) |
| 2 | In case of NGO/ Trust, unique ID under the portal NGO Darpan of NITI Aayog. |
| 3 | Memorandum of Association / By-Law /Deed of the Agency |
| 4 | Contract/MoU documents pertaining to the Agency work experience. |
| 5 | Annual Financial Statements of the last 3 years (2018-19, 2019-20 & 2020-21) duly audited by a qualified CA. (As per Form-T1) |
| 6 | Fixed Asset Statement of last Financial Year (2020-21) duly audited by a qualified CA. (As per Form-T2). |
| 7 | 12A Registration certificate. |
| 8 | PAN Card. |
| 9 | Bank Pass Book. |
| 10 | An undertaking in the form of original Affidavit that the office bearer of the Agency has not been convicted by any court of law for any criminal offence (As per Form-T3). |
| 11 | An undertaking in the form of original Affidavit certifying that Agency is not blacklisted (As As per Form-T4) |
| 12 | An undertaking that the Agency is willing to sign the service level agreement (As per Form-T5). |
| B. Other Documents | |
| 13 | Photocopies of the audited P/L account of each year highlighting the turnover in support of that. |
| 14 | Names of the Office Bearers along with their addresses. |
| 15 | 80G Registration certificate |
| 16 | Award certificate (National/State/District) received from any Govt./Govt. |

| Sl.No | Particulars |
|-------|---|
| | Institutions only for significant contribution in social development sector/National Quality Certificate by Govt. |
| 17 | Meeting minutes of the Executive Committee/ Governing body/ any other body meeting based on by-law/ Memorandum of the Society/ registration document of last three financial years. |
| 18 | Details of manpower engaged by the Agency other than Funding Project Staff (Name, Designation, Qualification, years of experience etc along with last 6 months Acquaintance sheet). |
| 19 | Document relating to the presence of Agency in the State of Odisha either land & building record issued in the name of Agency/lease agreement in affidavit mode. |

All the uploaded supporting documents must be clearly visible and readable. The entity must show the same original documents during physical verification of documents before the District level Committee. **In case the entity fails to submit any supporting documents during online application, further consideration of the same document shall not be entertained during physical verification of documents and award of score by the Dist. level Committee.**

3.6. Financial Bid:

No financial bid is required to be submitted as this is a fixed cost based project.

3.7. Number of Proposals:

Interested bidders fulfilling the eligibility criteria may submit their online proposal **separately** for any one /more than one District against the advertisement, **subject to the condition mentioned in the clause No. 3.12 of the RFP. In this RFP District to be considered as one unit/project, irrespective of number of SC HWCs in a particular district.**

3.8. Cost of Proposal:

The bidder shall be responsible for all the cost associated with the preparation of their proposals and their participation in the selection process. The concerned District Authority will neither be responsible nor in any way be liable for such costs, regardless of the conduct or outcome of the selection process.

3.9. Acknowledgement by the bidder:

- (a) It shall be deemed that by submitting the Proposal through online, the bidder has: -
- (i) Made a complete and careful examination of the RFP;
 - (ii) Received all relevant information requested from the concerned District Authority.
 - (iii) Acknowledged and accepted the risk of inadequacy, error or mistake in the information provided in the RFP or furnished by or on behalf of the concerned district authority relating to any of the matters stated in the RFP Document;
 - (iv) Satisfied itself about all matters, things and information, necessary and required for submitting the Proposal and performance of all of its obligations there-under;

- (v) Agreed to be bound by the undertaking provided by it under and in terms hereof.
- (b) The concerned district authority shall not be liable for any omission, mistake or error on the part of the bidder in respect of any of the above or on account of any matter or thing arising out of or concerning or relating to RFP or the Selection Process, including any error or mistake in any information or data given by the concerned district authority.

3.10. Language:

The online proposal with all accompanying documents (the “**Documents**”) and all communications in relation to or concerning the selection process shall be in English language and strictly as per the forms provided in this RFP. No other supporting document or printed literature shall be submitted with the proposal unless specifically asked for. In case any of these documents is in another language than English, it must be accompanied by an accurate translation of the relevant passages in English, in which case, for all purposes of interpretation of the Proposal, the translation in English shall prevail.

3.11. Process of Online Selection:

- (a) After receipts of the online application and EMD, the Desk Appraisal Committee at the District level will conduct online screening process of the proposals received through online within the due date. The Committee will verify whether soft copies of all the required documents as per the advertisement have been submitted along with each proposal. If at all, any deficiency in document submission pertaining to the eligibility criteria as mentioned from **Sl. No. 1 to 12 under clause No. 3.5 is found out in any of the proposal, the same proposal shall be rejected.**
- (b) The Desk Appraisal Committee constituted for conducting the selection process as per vide letter no. OSH&FWS/10565/PPP/432/2017, Dt.02.08.2018 will conduct the Desk Appraisal.
- (c) After desk appraisal of the online proposals by the Desk Appraisal Committee and intimation of objections, if any, the shortlisted Agencies shall be finally called to the office of CDM&PHO for necessary verification of their original documents vis-à-vis documents submitted with their online application.
- (d) After verification of the original documents vis-à-vis documents submitted with online application, the Desk Appraisal Committee will award score in the prescribed score sheet in online. No field appraisal process shall be conducted for selection.
- (e) The merit list of the Agencies will be prepared those have secured minimum 50% score in the score sheet in order to be eligible for merit.
- (f) The entire selection process will be approved in the District NGO Committee meeting Chaired by the Collector-cum-Chairperson of the Dist. NGO Committee. Detailed process shall be recorded in the minutes of the meeting and the Agency in the top of the merit list shall be recommended to the State by the Dist. NGO Committee for decision.

- (g) Thereafter, the District is required to submit the recommendation of the Dist. NGO Committee on the selection of Agency for the project and upload the approved minutes of the District NGO Committee through online.
- (h) The final selection result on the recommendation of the District will be notified through online after due approval of the State NGO Committee of OSH&FW Society.

3.12. Conditions of Selection:

- (a) In the State, **a maximum number of 10 projects** only (includes existing and new) which can be sanctioned to a particular Agency out of OSH&FW Society Funds.
- (b) **In a District, maximum upto any 5 partnership projects** (includes existing and new) under OSH&FW Society Funds can be sanctioned to a particular Agency.

3.13. Post Selection Procedure:

- i. After approval of the State NGO Committee of OSH&FW Society the selected Agency will be informed in writing of its selection for the concerned District. This will be the letter of award which shall be issued by the concerned CDM&PHO to the selected Agency.
- ii. Further, the selected Agency can also be able to view / intimated about their selection through online.
- iii. Within 15 days of the issue of the letter of award, the selected Agency will be required to inform the concerned CDM&PHO in writing of its acceptance of the award, failing which, the award may be offered to the 2nd rank bidder in the merit for the Project.
- iv. On completion of these formalities, the District Authority will inform the selected Agency regarding date of signing of the service level agreement/MoU.

SECTION 4: TERMS OF REFERENCE FOR MANAGEMENT & OPERATION OF OUTREACH ACTIVITIES UNDER SUB-CENTER HWC.

4. 1. Introduction/Background:

- 4.1. Odisha has made rapid progress in the past few decades in the Public Health System as reflected improvement in key parameters such as Infant, Child and Maternal Mortality Rates, Total Fertility Rate, and Crude Death Rates. There has been improvement in expanding access and coverage in much of the areas of the State. This has largely been achieved by strengthening public health system over the years, and substantially accelerated by the National Health Mission (NHM). NHM support was largely targeted toward improving primary health care and strengthening service delivery at community levels.
- 4.2. Despite these improvements, comprehensive primary health care in State is yet to be made fully universal. Access to primary health care remains uneven across the length and breadth of the State. The wide variations in capacity, governance and institutional structures and state investments in health have determined the extent to which the NHM support has improved health care particularly for the vulnerable marginalized and those living in underserved areas such as remote rural geographies.
- 4.3. Odisha is taking definite measures to ensure provision of comprehensive primary healthcare services at the level of community through Sub Center Health and Wellness Centers (HWCs). These SC HWCs are expected to provide expanded range of services which would ultimately reduce overall disease burden and out of pocket health expenditure and thus achieve the principles of Universal Health Coverage.
- 4.4. The SC HWCs will provide an expanded range of services beyond the selective package of health care for pregnant women, children, reproductive health and communicable diseases. These SC HWCs will also deliver Preventive, Promotive, Curative, Rehabilitative and Palliative care services close to communities with the principle being **'time to care'** to be not more than 30 minutes from the farthest village. The SC HWCs are envisaged to provide clinical management for most common ailments, prompt referral to doctor or for specialist consultations at higher facilities and undertake follow-up of down referrals.
- 4.5. With a view to further improving the quality of the primary health care in terms of clinical care and outreach services, NHM consider it desirable to outsource the outreach activities of selective SC HWCs to a concessionaire who would be allowed to undertake outreach activities of Sub Centers in accordance with the prescribed terms and conditions under Sub Center outreach activities. Government hopes that this would bring about considerable improvement in public health functions in these areas in the State.
- 4.6. NHM views the agreement as public private partnership in the public health system in Odisha. Such partnership is seen as a step towards strengthening the public health system and a measure towards facilitating Comprehensive Primary Health Care at the community level.
- 4.7. Government expects that grant in aid will not be treated as a business venture and will not be used to make profits.

SECTION 5: PRINCIPLE OF AGREEMENT

- 5.1 Both the parties agree to view the arrangements enforced by this agreement as a Public Private Partnership in the Public Health System in the State. Such a partnership is seen as a step towards strengthening the Public Health System and as a measure towards facilitating and building the capacity of the State to carry out such activities by demonstrating models for comprehensive primary health care, with an emphasis on active community engagement.
- 5.2 Both parties recognize that the Public Health System in the State, despite phenomenal improvements, faces significant challenges, both parties recognize that the spirit of such a Public Private Partnership is essentially to share risks and rewards in such a manner so that comprehensive primary health care can be provided to those who need these services. NHM recognizes that such partnerships with organizations that have competence and credibility offers the governments avenues to leverage the knowledge and expertise of such organizations to improve management and delivery of comprehensive primary health care services.
- 5.3 Both parties are committed to enhance the health and well-being of residents of the area covered by the facilities in this agreement by providing high quality service, innovation and development and to meet identified needs within the resources available to both the parties.
- 5.4 NHM commits that this arrangement will be treated no differently from other Sub Centers managed by Government of Odisha in terms of financing, training and capacity building.
- 5.5 The Agency agrees and undertakes to implement all National/States Health Programmes/interventions relating to the outreach activities.
- 5.6 The Agency will agree that the concession granted will not be treated as a business venture and will not be used to, make profits.
- 5.7 The Agency agrees that no money would be collected from the users of the services for any clinical consultation and service, diagnostic services or any other service provided under the agreement.
- 5.8 The Agency agrees that Government may terminate the agreement, or terminate the provision of any part of the Services, by written notice to the Agency as per the terms & conditions laid down in the MoU/Agreement.
- 5.9 The Government reserves the right to terminate the agreement without assigning any reason if services of the Agency create serious adverse publicity in media and prima facie evidence emerges showing negligence of the NGO /any financial irregularities done by the NGO /misappropriation of Govt. funds by the NGO.
- 5.10 Personnel engaged by the Agency will be the sole responsibility of the Agency and would have no claim at any time whatsoever, by virtue of their contract with the Agency or for any other reason, for being absorbed into Government service at a later date.

SECTION- 6: SERVICE DESCRIPTION AND RESPONSIBILITIES

- 6.1 The Sub Center Health and Wellness Centres have an important role in the prevention of several disease conditions, including non- communicable diseases and health promotion. The SC HWC also plays an important role in undertaking public health functions in the community leveraging the frontline workers and community platforms. They are envisaged to deliver people Centered, holistic, equity sensitive, quality response to people's health needs through a process of population enumeration, regular home and community interactions and improving people's participation. A community based participatory approach which ensures preventive and promotive actions for health is considered as one of the primary objectives of Sub Centres.

The healthcare services to be provided at these Centres include health promotion, early identification, ensuring treatment adherence, follow-up care, ensuring continuity of care by appropriate referrals, optimal home and community follow-up, disease surveillance, and health promotion through expanded range of comprehensive primary healthcare services (CPHC).

Following outreach services are to be rendered by the staff engaged under the project:

| SI No | Services | Brief Description |
|-------|--|--|
| 1. | Care in Pregnancy and Childbirth. | <ul style="list-style-type: none"> • Early registration of pregnancy and issuing ID number and Mother and Child Protection (MCP) card during VHND in every Tuesday and Friday as per micro-plan. • Antenatal check-up including screening for Hypertension, Diabetes, Anemia. Immunization for pregnant women-TT, IFA and Calcium supplementation. • Identifying high risk pregnancies, postpartum cases for regular follow up, timely referral for institutional births and complication management. • Counseling regarding care during pregnancy including information about nutritional requirements • Screening, referral and follow up care in cases of Gestational Diabetes, and Syphilis during pregnancy. |
| 2. | Neonatal and Infant Health Care Services | <ul style="list-style-type: none"> • Home based new-born care through 7 visits in case of home delivery and 6 visits in case of institutional delivery. • Identification and care of high risk new-born-low birth weight/ preterm new-born and sick newborn (with referral as required). |

| SI No | Services | Brief Description |
|-------|--|---|
| | | <ul style="list-style-type: none"> • Management of birth asphyxia. • Identification, appropriate referral and follow up of congenital anomalies. • Management of ARI/Diarrhoea and other common illness and referral of severe cases. • Screening, referral and follow up for disabilities and developmental delays. • Complete immunization, Vitamin A supplementation. • Identification and follow up, referral and reporting of Adverse Events Following Immunization (AEFI) |
| 3. | Childhood and Adolescent Health Care Services. | <ul style="list-style-type: none"> (i) Childhood care: <ul style="list-style-type: none"> • Immunisation service in the catchment areas on every Wednesday. • Detection and treatment of Anaemia and other deficiencies in children and adolescents. • Detection of SAM, referral and follow up care for SAM. • Prevention of Anaemia, iron supplementation and deworming. • Prevention of diarrhoea/ ARI, prompt and appropriate treatment of diarrhoea/ ARI with referral where needed. (ii) Pre-school and School Child Health: <ul style="list-style-type: none"> • Biannual Screening, School Health Records, Eye care, De-worming. • Screening of children under national program to cover 4 'D's (Defect at birth, Deficiencies, Diseases, Development delay including disability). (iii) Adolescent Health <ul style="list-style-type: none"> • Conduct Adolescent Health Day as per plan and to conduct monthly Adolescent Friendly Club meeting with Peers Educators. • Counselling on improving nutrition. • Sexual and reproductive health. • Enhancing mental health / Promoting favourable attitudes for preventing injuries and violence Prevent substance misuse. • Promote healthy lifestyle y Personal hygiene- Oral |

| SI No | Services | Brief Description |
|-------|---|---|
| | | <p>Hygiene and Menstrual hygiene.</p> <ul style="list-style-type: none"> • Peer counselling and Life skills education. • Supply of sanitary napkin for social marketing to ASHA. • Prevention of anaemia, identification and management, with referral if needed. • IFA distribution under National Program for Iron Supplementation |
| 4 | Family Planning, Contraceptive Services and other Reproductive Health Care Services | <ul style="list-style-type: none"> • Counselling for creating awareness against early marriage and delaying early pregnancy. • Identification and registration of eligible couples. • Motivating for family planning (delaying first child and spacing between 2 children). • Distribution of condom, oral contraceptive pills and emergency contraceptive pills. • Promotion of NSV, spacing method like Antara & its subsequent doses. • Maintain and use of FPLMIS • Follow up with contraceptive users. • Counselling and facilitation of safe abortion services. • Post abortion contraceptive counseling. • Follow up for any complication after abortion and appropriate referral if needed • Counselling on prevention of RTI/ STI, Identification and referral of RTI/ STI cases. • Follow up and support PLHA (People Living with HIV/AIDS) groups. |
| 5 | Management of Communicable Diseases: National Health Programme | <ul style="list-style-type: none"> • Symptomatic care for fevers, URIs, LRIs, body aches and headaches, with referral as needed at the community level. • Identify and refer in case of skin infections and abscesses. • Preventive action and primary care for waterborne disease, like diarrhoea, (cholera, other enteritis) and dysentery, typhoid, hepatitis (A and E). • Creating awareness about prevention, early identification and referral in cases of helminthiasis and rabies. • Preventive and promotive measures to address Musculoskeletal disorders mainly osteoporosis, |

| SI No | Services | Brief Description |
|-------|--|--|
| | | <p>arthritis and referral or follow up as indicated.</p> <ul style="list-style-type: none"> • Providing symptomatic care for aches and pains – joint pain, back pain etc |
| 6 | Management of Common communicable diseases and outpatient care for acute simple illness and minor ailments | <ul style="list-style-type: none"> • Screening, identification, prompts presumptive treatment initiation and referral as appropriate and specified for that level of care. • Ensure compliance with follow up medication compliance. • Mass drug administration in case of filariasis. • Collection of blood slides in case of fever outbreak in malaria prone areas. • Provision of DOTS/ensuring treatment adherence as per protocols in cases of TB. • Identification of suspected Leprosy cases during home visit with ASHA and refer for confirmation. • Follow up with the confirm Leprosy cases for administration of MDT during home visits. |
| 7 | Screening, Prevention, Control and Management of Non-Communicable Diseases | <ul style="list-style-type: none"> • Population empanelment, support screening for universal screening for population – age 30 years and above for Hypertension, Diabetes, and three common cancers – Oral, Breast and Cervical Cancer. • Entry in NCD register and uploading in the NCD App. • Health promotion activities – to promote healthy lifestyle and address risk factors. • Early detection and referral for – Respiratory disorders – COPD, Epilepsy, Cancer, Diabetes, Hypertension and occupational diseases (Pneumoconiosis, dermatitis, lead poisoning) and Fluorosis. • Cancer – screening for oral, breast and cervical cancer and referral for suspected cases of other cancers. • Mobilization activities at village level and schools for primary and secondary prevention. • Treatment compliance and follow up for positive cases. |
| 8 | Care for Common Ophthalmic and | <ul style="list-style-type: none"> • Screening for blindness and refractive errors and ENT problems. |

| SI No | Services | Brief Description |
|-------|---|---|
| | ENT Problems | <ul style="list-style-type: none"> • Community screening for congenital disorders and referral and early identification of ENT related problems like sign of hearing loss in infants, children and adults. • Screening of 50+ people for Presbiopia. • Community based services, counselling and support for care seeking for blindness, other eye and ENT disorders. • Community level screening and identification of persons suspected with hearing loss both children and adult. • Health Promotion through appropriate IEC with special emphasis on prevention of ophthalmic and ENT problems. • AWC based screening for children from 6 to 18 year through RBSK. • Recognizing and treating acute suppurative otitis media and other common ENT problems. |
| 9 | Basic Oral Health Care | <ul style="list-style-type: none"> • Providing awareness about oral health & hygiene, and health care seeking practices through IEC and planned interactive sessions in home visits, community meetings of the VHND. • Create awareness, early detection and referral for fluorosis, and other common oral problems like caries, gingivitis and tooth loss etc. • Creating awareness about ill effects of Substance Abuse like tobacco, beetle and areca nut, smoking, reverse smoking and alcohol. • Co-ordinate various Oral Health Care training programs to school teachers, volunteers and other Self-Help Groups for imparting preventive and promotive oral health education. • Participate and coordinate the outreach activities. • Symptomatic care for tooth ache and first aid for tooth trauma, with referrals. • Mobilization for screening of oral cancer on screening day. |
| 10 | Elderly and Palliative Health Care Services | <ul style="list-style-type: none"> • Examination of 60+ years persons during home visit. • Support to family in palliative care, home visits for |

| SI No | Services | Brief Description |
|-------|--|--|
| | | <p>care to home bound/ bedridden elderly, disabled elderly persons.</p> <ul style="list-style-type: none"> • Support family in identifying behavioral changes in elderly and providing care. • Linkage with other support groups and day care Centres etc. operational in the area. • Community mobilization on promotional, preventive and rehabilitative aspects of elderly. • Community awareness on various social security schemes for elderly. • Identify and report elderly abuse cases, and provide family counseling. |
| 11 | Screening and Basic Management of Mental Health Ailments | <ul style="list-style-type: none"> • Healthy life style tips balanced diet, exercise and stress management. • Screening using CIDT tool for mental illness. • Community awareness about mental disorders (Psychosis, Depression, Neurosis, Dementia, Mental Retardation, Autism, Epilepsy and Substance Abuse related disorders). • Patient Health Questionnaires to be included in CBAC form. • Identification and referral to the HWC/ PHC for diagnosis. • Ensure treatment compliance and follow up of patients with Severe Mental Disorder. • Support home-based care by regular home visits to patients of Severe Mental Disorders. • Facilitate access to support groups, day care centres and higher education/ vocational skills. |
| 12 | Emergency Medical Services, including for Trauma and Burns | <ul style="list-style-type: none"> • Providing awareness to the community for handling emergencies in health. • First aid for trauma including management of minor injuries, fractures, animal bites and poisoning etc. |

6.2. Other roles & responsibility of ANM and Health Worker (Male):

Apart from the regular Maternal & Child Health, Family Planning, Nutrition, Universal Program on Immunization and Communicable diseases, the ANM and Health Worker (Male) will assist the Community Health Officer (CHO) and the HWC team in the following activities:

- (a) Support the ASHA during home visits and handhold them while filling up the CBAC formats
- (b) Assist the CHOs in identification and providing the first level management for all conditions covered under the 12 essential packages of services and various national health programs
- (c) Provide follow up care and counselling support to patients visiting the HWC with support from CHO & ASHA
- (d) Support ASHAs in mobilizing patients for tele-consultation to the HWCs as per the schedule shared
- (e) Support the CHO in disease surveillance, collection of population-based data and planning for organizing services.
- (f) Support the CHO in coordinating with VHSNCs and work closely with PRI, to address social determinants of health and promote behavior change for improved health outcomes
- (g) Support the HWC team in community level health promotion activities including behavior change communication being undertaken by ASHAs.
- (h) Support the CHO while planning and undertake monthly health promotion activities/campaigns to improve community awareness and uptake of services for- sanitation, nutrition rehabilitation, substance use, life style modifications, eating right and eating safe, control of communicable diseases TB, leprosy, HIV/AIDS, vector borne illnesses, family planning etc.
- (i) Maintain and regular updating of RCH register.
- (j) Ensure accurate and timely completion/updating of various health information systems such as-HMIS, RCH Portal etc.
- (k) Support the CHO in conducting the monthly JAS meetings and proper utilization of HWC untied funds in consensus with HWC team.
- (l) Participate and support the CHO in monthly HWC meetings.

6.3. Key Performance Indicators:

| SI No | Indicators | Definition | Minimum Benchmark | Source of verification |
|-------|--|--|-------------------|--|
| 1. | Proportion of Pregnant Women registered who received ANC as per scheduled due date | <p>Numerator - No. of pregnant women who received ANC services (as per schedule) in a month</p> <p>Denominator - Total no. of registered pregnant women whose ANC is</p> | 80% | RCH register/ RCH portal / ANMOL |

| SI No | Indicators | Definition | Minimum Benchmark | Source of verification |
|-------|---|--|-------------------|--|
| | | due that month | | |
| 2. | Monitoring and follow up of high risk pregnancies | Numerator: Number of high risk pregnancies followed up once in a month by Health Worker Female. Denominator: Number of high risk pregnant women identified and updated in RCH register | 90% | Reporting in RCH register section-II(Col.40 & 41) |
| 3. | Pregnant women attending PMSMA Clinic | Numerator: Number of pregnant women who attended PMSMA clinic at least once during 2 nd or 3 rd trimester. Denominator: Number of pregnant women completed third trimester. | 80% | Reporting in RCH register remark column(Last Column) |
| 4. | VHSND sessions held against planned | Numerator - No. of VHSND sessions held Denominator - Total no. of VHSND sessions planned (1VHSND/assigned village/month) | 90% | Self- reported in CPHC-NCD Application |
| 5. | High risk new-borns identified and treated at higher facility (referral/teleconsultation) | Numerator - No. of high risk new-borns attended higher facilities /consulted through telemedicine services at least once Denominator - Estimated number of high risk new born (15% of total live birth) in the catchment area | 60% | Referral out & Follow up register /Teleconsultation register |
| 6. | Proportion of Children up to 2 years of age who received immunization as | Numerator - No. of children who received immunization (as per | 90% | RCH register/ RCH portal / ANMOL |

| Sl No | Indicators | Definition | Minimum Benchmark | Source of verification |
|-------|---|--|---|---|
| | per the due date | schedule) in a month Denominator - Total no. of registered children whose immunization was due that month | | |
| 7. | Proportion of U5 pneumonia treated by ANM | Numerator: Number of U5 pneumonia cases treated with antibiotic in the month Denominator: Total number of under five children with pneumonia identified by ANM for that month | 80% | RCH register Sec-III, Col.No 58 & 59 |
| 8. | Home visit to patients currently on TB treatment or notified for Treatment initiation, adherence assessment & counselling, nutritional counselling, UDST sample collection (if not done already) and HIV and Diabetes testing (if not done already) | Numerator: Number of TB patients visited in the month in AB-HWC catchment area Denominator: Number of on treatment patients in AB-HWC catchment area | 90% | Nikshay/Notification register |
| 9. | Providing drugs to TB patients in subsequent doses (per month). | Numerator: Total TB patients provided TB drugs (subsequent doses) through SC-HWC catchment area in that month. Denominator: Total Number of TB patients, due for subsequent doses in the catchment area for that month. | 80% | Nikshay portal |
| 10 | Proportion of individuals 30 years and above whose CBAC form was filled | Numerator -No of CBAC form filled till that month Denominator - Total population in the SC area | Minimum 2.4 % of total population in the catchment area whose CBAC is | CPHC- NCD App |

| Sl No | Indicators | Definition | Minimum Benchmark | Source of verification |
|-------|--|---|---|------------------------|
| | | | filled per month Once CBAC of all targeted population is done, the HWC would be awarded full points in all subsequent months | |
| 11 | Proportion of individual 30 years or above screened for Hypertension (including repeat yearly screenings for Hypertension) | Numerator – No. of individuals screened for Hypertension till that month. Denominator -Total population | Minimum 2.4 % of total population in the catchment area whose Hypertension is screened every month Once hypertension screening of all the targeted population is done, the HWC would be awarded full points in all the subsequent months | NCD Portal |
| 12 | Proportion of HTN patients on treatment | Numerator – No. of HTN patients who received treatment including follow up treatment Denominator – Total no. of diagnosed patients for HTN (new & old) | 70% | NCD portal |
| 13 | Proportion of individual 30 years or above screened for Diabetes (including repeat yearly | Numerator – No. of individuals screened for Diabetes till that month | Minimum 2.4 % of total population in the catchment area | NCD Portal |

| Sl No | Indicators | Definition | Minimum Benchmark | Source of verification |
|-------|---|---|--|---|
| | screenings for Diabetes) | Denominator -Total population | whose DM is screened every month Once DM screening of all the targeted population is done, the HWC would be awarded full points in all the subsequent months. | |
| 14 | Proportion of patients with Diabetes on treatment | Numerator – No. of DM patients on treatment who received treatment including follow up care Denominator – Total no. of diagnosed patients for DM (new & old) | 70% | NCD portal |
| 15 | Suspected Malaria Examination | Numerator: Total number of Suspected Malaria Cases Tested in the month in catchment area Denominator: Total number of Suspected Malaria Cases in the catchment area in the month | | M Register/Patient interview/Patient Card |
| 16 | Malaria Case follow up | Numerator: Total number of Malaria Positive cases followed up by ANM/HW-M Denominator: Total number of Malaria positive Cases identified in the month | 30% minimum or 5 cases per month whichever is suitable | M Register/Patient interview/Patient Card |
| 17 | Percent coverage of children 6-59 months provided with 8-10 doses | Numerator: Number of children 6-59 months provided with 8-10 doses | 80% | HMIS report/MCP card |

| Sl No | Indicators | Definition | Minimum Benchmark | Source of verification |
|-------|-----------------------------------|--|---------------------------------------|----------------------------|
| | (1 ml) of IFA syrup in a month | of IFA syrup (as per schedule) in a month Denominator: Total number of children who are in the age group of 6-59 months in that month | | |
| 18 | Village meetings (VHSNC/GKS held) | Numerator – No. of VHSNC/ GKS meetings held as per monthly plan. Denominator – Total no. of VHSNC / GKS meetings planned HWC catchment area (1meeting / VHSNC/ month) | 25% of total targeted VHSNC per month | Self-reported/HWC Register |

6.4. Required number of Human Resources to be deployed for outreach activities:

Followings are the Human Resources required to be deployed by the Agency to undertake outreach activities under the SC HWC.

| Sl. No. | Category of Staff | No of post. | Eligibility Qualification |
|---------|----------------------|-------------|--|
| 1. | ANM | 1 | <ul style="list-style-type: none"> • Age- She must have attained the age 21 years. • Minimum Qualification-The candidates must have passed the HSC examination & shall have completed ANM course from institution recognized by Govt. and approved INC. • Registration Certificate- Must have registered in the Odisha Nursing Council and must possess valid Registration Certificate. • She should have passed Odia language minimum in M.E standard. |
| 2 | Health Worker (Male) | 1 | <ul style="list-style-type: none"> • Age- He must have attained the age 21 years. • Minimum Qualification-The minimum qualification should be class XII pass with Biology or Science. • Desirable Experience- Candidates having minimum 2 years post qualification experience, preferable in health sector. In case non-available, fresher can be considered. • He/She should have passes Odia language in M.E standard. |

The Staff so engaged by the Service Provider (Agency) shall be exclusively on the pay roll of the Agency and **shall under no circumstances this staff will ever have any claim, whatsoever for appointment with the Government.** The Agency shall be solely responsible for the performance and conduct of the staff notwithstanding the source of hiring such staff. The Agency shall be fully responsible for adhering to provisions of various laws applicable on them including labour laws. In case the Agency fails to comply with the provisions of applicable laws and thereby any financial or other liability arises on the Government by Court orders or otherwise, the Agency shall be fully responsible to compensate/ indemnify to the Government for such liabilities. For realization of such damages, Government may even resort to the provisions of any Act, which is in force or other laws as applicable on the occurrence of such situations.

SECTION-7: TERMS & CONDITIONS.

- 7.1 The Selected Agency will have to **open a separate saving bank account** for this grant-in –aid in any Nationalized Bank. The account will be opened in the name of the project, which shall be operated jointly by at least two office bearers authorized for the purpose by the management committee of the Agency.
- 7.2 The selected Agency has to submit the prescribed mandatory reports in every month as expected from the Sub Center.
- 7.3 The amount of **grant should be utilized only for the purpose** for which it is sanctioned and the unspent balance of the grants shall be refunded after the close of the financial year.
- 7.4 The Agency will **submit monthly statement of expenditure and progress report** to the district. At the end of the project year, the Agency shall furnish annual report of the project along with the audited reports.

7.5. Period of Partnership:

The duration of the project will be initially **for one year**. However, the project may be extended **maximum for another one year** subject to the fund provision approved in NHM PIP and satisfactory performance of the Agency in the project.

7.6. Award of Contract and Agreement:

On evaluation of proposals and decision thereon, the selected Agency shall have to execute a bi-partite agreement with the respective Zilla Swasthya Samiti within 15 days from the date of acceptance of their bid is communicated to them. **This Request for Proposal along with documents and information provided by the bidder shall be deemed to be integral part of the agreement. Before execution of the agreement, the bidder shall have to deposit performance security as per norm.**

7.7. Commencement of Service:

The selected Agency shall commence the service within **15 days** from the date of signing of the Agreement. If the Agency fails to commence the service as specified herein, the district authority may, unless it consents to the extension of time thereof may cancel the agreement and forfeit the Performance Security.

7.8. Performance Security:

The selected Agency on acceptance of award of contract must provide the District Authority a **Bank Guarantee for Rs.1,00,000/- (Rupees One lakh only) per District (irrespective of number of SC HWCs)** in the name of concern Zilla Swasthya Samiti, _____, from a Nationalized Bank valid for a period of minimum one year as performance security of the project which will have to be extended for a further period based on the period of extension. **In case of non-submission of performance security or fails to execute the contract by the successful bidder, the EMD furnished by the successful bidder shall be forfeited.**

7.9 Payment:

- Grant-in-Aid for the project shall be released to the Agency on the basis of budget provision made in the NHM PIP.
- The disbursement/release of funds by ZSS to the Agency would be in **three installments**, i.e. 30%, 35% and 35% in advance of total project cost in a year.
- The 1st installment i.e. 30% will be released after signing of the MoU and submission of the performance security. The 2nd installment, i.e. 35% will be released on 4th month after receipt of the utilization certificate for 75% of 1st installment. The 3rd installment i.e. 35% will be released after receipt of the utilization certificate for 75% of 2nd installment on 9th month of annual project period.
- The BPMU as well as DPMU will make analysis of the progress of key performance indicators relating to outreach activities of such Sub Centers in every month.
- The annual budget of the project may be revised time to time on the basis of approval in the NHM PIP by MoH& FW, Govt. of India.

7.10: Performance Monitoring and Standard of Services:

- The performance of the Agency will be monitored largely on the basis of output based indicators specified in the key performance indicators at 6.3. These indicators and performance standards can be suitably expanded and/ or modified in the interest of better service delivery to the general public.
- The indicators of health service delivery expected from the Agency are of the minimum standard. The Agency would be encouraged to serve as a role model and to provide services at a much higher standard.
- State shall use other mechanisms such as Health Management Information System (HMIS) and internal monitoring mechanism to assess performance on key indicators.
- A half yearly review meeting may be organized at the State level with participation of appropriate levels of officials of the Government and from the partner Agencies to review the performance, the anticipated outcome as per the agreement and future service developments and changes.
- The District Programme Management Unit (DPMU) and Block Programme Management Unit (BPMU) will closely monitor the progress and provide necessary supportive supervision to the project.
- At the State level, NHM through its PPP Cell will monitor and supervise the programme.
- Concurrent monitoring shall be conducted by NHM representatives along with the District Health Administration on quarterly basis and as when required and submit the report to appropriate authority besides Mission Director.

7.11. ARBITRATION:

- If the Agency fails to resolve their dispute or difference by such mutual consultations within thirty days of commencement of consultations, then either the Government or the agency may give notice to the other party of its intention to commence arbitration, as hereinafter provided. The applicable arbitration procedure will be as per the Arbitration and Conciliation Act 1996 of India. In that event, the dispute or difference shall be referred to the sole arbitration of an officer as the arbitrator to be appointed by the Government. If the arbitrator to whom the matter is initially referred is transferred or vacates his office or is unable to act for any reason, he / she shall be replaced by another person appointed by the Government to act as Arbitrator.
- Services under this agreement shall, notwithstanding the existence of any such dispute or difference, continue during arbitration proceedings and no payment due or payable by the Government shall be withheld on account of such proceedings unless such payments are the direct subject of the arbitration.
- Unless such payments are the direct subject of the arbitration.
- Venue of Arbitration: The venue of arbitration shall be the place from where the agreement has been issued.

7.12. BREACH:

If either Party breaches the Conditions Contract or these Terms and Conditions and fails to remedy such breach within 30 days of written notice from any other Party calling for the breach to be remedied, then the non-breaching Party shall be entitled, without prejudice to any other rights that it may have in law, whether under the Contract or otherwise, to cancel the Contract without notice or to claim immediate specific performance of all the defaulting parties.

7.13. PENALTY:

If the Agency fails to provide services as stipulated in the Service Description at Section-6, the Government shall be entitled to fix penalty which would be deducted from the dues payable to the Agency. However, in case there is no amount is due for payment to the Agency, the penalty shall be recovered from them.

7.14. FORCE MAJEURE:

No penalty or damages shall be claimed in respect of any failure to provide service, which the Agency can prove to be directly due to a war, sanctions, strikes fire, flood or tempest or Force Majeure, which could not be foreseen or overcome by the Agency or to any act or omission on the part of persons acting in any capacity on behalf of Agency provided that the Agency shall at the earliest bring the same to the notice of the State Government.

7.15. TERMINATION:

- **Either party may terminate this agreement by giving not less than one months' notice in writing to the other.** This notice shall include reasons as to why the agreement is proposed to be terminated.

- The Government may terminate the agreement, or terminate the provision of any part of the Services, by written notice to the Agency with immediate effect if the Agency is in default of any obligation under the agreement, where the default is capable of remedy but the Agency has not remedied the default to the satisfaction of the Government within 30 days of at least two written advice after service of written notice specifying the default Cine requiring it to be remedied; or
 - the default is not capable of remedy; or
 - the default is a fundamental breach of the agreement
 - If the Government terminates the agreement and then makes other arrangements for the provision of the Services, it shall be entitled to recover from the Agency any loss that had to be incurred due to such sudden termination of agreement.
- Both the parties agree that no further payment would be made to the Agency, even if due till settlement of anticipated loss as a result of premature termination of the agreement.
- The Government reserves the right to terminate the agreement without assigning any reason if services of the Agency create serious adverse publicity in media and prima facie evidence emerges showing negligence of the Agency.
- At the time of termination, the Agency agrees to hand over all moveable and immovable assets to the authorized representative of the State Government on a mutually agreed date on "as is where is" basis.
- The concessionaire agrees that the date of handing over will not be more than 15 calendar days from the date of termination.

7.16. INDEMNITY:

- By this agreement, the agency indemnifies the Government Odisha against damages of any kind or for any mishap/injury/accident caused to any personnel/property of the facilities.
- The Agency agrees that all liabilities, legal or monetary, arising in any eventuality shall be borne by the Agency.

7.17. Redressal of Grievances:

The grievance related to the said project is to be redressed at the level of CDM&PHO or District NGO Committee at the District.

7.18. Jurisdiction of Court:

Legal proceedings if any shall be subject to the concerned District jurisdiction only.

7.19. Compliance with existing laws:

The Agency agrees to abide by all laws of the land as will be applicable for operation and maintenance of the facility.

7.20. Right to Accept and Reject any Proposal:

The District Authority reserves the right to accept or reject any proposal at any time without any liability or any obligation for such rejection or annulment and without assigning any reason.

SECTION 8 – EVALUATION OF THE PROPOSALS

8.1 Evaluation of Technical Proposals:

After receipts of the online application, the Desk Appraisal Committee at the District level will conduct online screening of the proposals. Any deficiency in document submission by the bidder pertaining to the eligibility criteria is found out in any of the proposal; the same proposal shall be rejected. Only those bidders who qualify as per the eligibility criteria assessed through online, their bid will be considered for the next stage of online evaluation and award of marks as per the prescribed checklist given below

The bidder has to score **at least 50% or above** score in order to be considered for the preparation of merit list for the project.

SCORING SHEET FOR ASSESSMENT OF THE BIDDER (ONLINE)

| Sl. No | Areas of assessment | Maximum marks | Means of Verification |
|---|---|---------------|---|
| Registration & Establishment: (7 marks) | | | |
| 1 | Years of existence of entities registered under Society Registration Act/Indian Trust Act/Company Act. (5 yrs -10 yrs=1 mark; >10 yrs-15 Yrs=2 marks, >15 yrs - 20 yrs= 3 marks, >20 yrs= 4) | 4 | Copy of Appropriate Registration certificate |
| 2 | Registered under 80G (if yes=1 mark; if No=0 mark) | 1 | Copy of 80G Regd. certificate |
| 3 | Governance System (Meeting & minutes of the Executive Committee/ Governing body meeting based on bye-law & Memorandum of the society in the last financial year): (Less than 50% meeting=0 mark; 50%-75% meeting =1 mark; >75% meeting= 2 marks) | 2 | Copy of the Proceeding/ Meeting register of GB & EB in the last financial year. |
| Field Level Experience: (60 marks) | | | |
| 4 | Years of experience in implementing projects in any social development sector out of any Government Funding support. (1-3 years= 5 marks; >3 to 5 years=8 marks; > 5 years to 10 years=15 marks; > 10 years= 25 marks) | 25 | MoU/Agreement/ Authenticated sanctioned with fund released letter. |
| 5 | Years of experience in implementing projects in any social development sector out of any Private Agency Funding support. (1-3 years= 5 marks; >3 to 5 years=8 marks; > 5 years to 10 years=15 marks; > 10 years= 25 marks) | 25 | MoU/Agreement/ Authenticated sanctioned with fund released letter. |

| Sl. No | Areas of assessment | Maximum marks | Means of Verification |
|--|--|---------------|--|
| 6 | Working experience on social sector in the applied district. (1-2 years= 1 marks; > 2 to 3 years=2 marks; > 3 – 5 years =4 marks, > 5 years = 5 marks) | 5 | MoU/Agreement/Authenticated sanctioned with fund released letter. |
| 7 | Agency having Multi-State experience in implementation of similar kind of projects (Sub Center/PHC/UPHC Management/outsourcing of Sub Center outreach activities) out of any Govt. Funding support. (1-2 years= 1 marks; > 2 to 3 years=2 marks; > 3 – 5 years =4 marks, > 5 years = 5 marks) | 5 | MoU/Agreement/Authenticated sanctioned with fund released letter. |
| Financial strength: (25 marks) | | | |
| 8 | Average financial turnover of the Agency in last three finance years as per audit report (>25-50 lakhs =5 marks; >50-75 lakhs=7 marks; >75 lakhs to <1 Crore =10 marks; 1 Crore & above =15 marks) | 15 | Annual Financial Statements of last 3 FY audited by a qualified CA /Audit report of last 3 FY. |
| 9 | Fixed assets in the name of the Agency (minimum 10 lakhs assets) as per last financial audit report. (>10-25 lakhs =4 marks; > 25-35 lakhs=6 marks; >35 to < 50 lakhs=8 marks; 50 lakhs & above=10 marks) | 10 | Fixed Asset Statement of last FY duly audited by a qualified CA/ Audit report of last FY |
| Manpower strength: (05 marks) | | | |
| 10 | Agency having currently own staff in the payroll other than any Funding Project Staff. <ul style="list-style-type: none"> • Minimum 1 Clinical Staff (MBBS /AYUSH /SN/ANM/Pharmacist) =1 mark • Minimum 1 Managerial Staff (Post Graduate qualification)=2 marks • Minimum 1 Accounts Staff = 2 marks | 05 | Acquaintance & HR documents. |
| Other Strength (Reward & Recognition): (03 marks) | | | |
| 11 | Agency received any National/State/District Level award by any Government /Government Institutions for significant contribution in social development sector/National Quality Certificate by Govt. (District Level=1 marks; State Level=2 marks; National level/National Quality Certificate by Govt.=3 marks. | 03 | Certificate received from any Govt./ Govt. Inst. |
| Total Marks | | 100 | |

SECTION 9

FORMS & FORMATS

FORM -T1

ANNUAL TURN OVER STATEMENT

*(To be furnished in the **letter head** of the Chartered Accountant)*

The Annual Turnover of _____

For the last 3 financial years are given below and certified that the statement is true and correct.

| Sl. | Financial Year | Turnover in Lakhs (Rs.) |
|------------|-----------------------|--------------------------------|
| 1 | 2018-19 | |
| 2 | 2019-20 | |
| 3 | 2020-21 | |

Date:

Signature of Chartered Accountant
(Name in Capital)

Place:

Seal

Membership No

Note:

- 1) To be issued in the **letter head** of the Chartered Accountant with membership No.
- 2) Also attach photocopies of the audited P/L account of **each year highlighting the turnover** in support of that.

FORM –T2

FIXED ASSETS STATEMENT

*(To be furnished in the **letter head** of the Chartered Accountant)*

The Fixed Assets value of _____
for the last financial year statement is given below and certified that the statement is true and correct.

| Sl. | Financial Year (last FY) | Fixed Assets value in Lakhs (Rs.) |
|------------|---------------------------------|--|
| | 2020-21 | |

Date:

Signature of Chartered Accountant
(Name in Capital)

Place:

Seal

Membership No

Note:

- (i) To be issued in the **letter head** of the Chartered Accountant with membership No.

FORM –T3

(To be furnished in the proposal)

**Affidavit Format for Undertaking by the Agency
(On Non Judicial Stamp Paper of Rs. 100/- only)**

Affidavit

I, (Sole Chief Functionary of the Agency), (the names and addresses of the registered Agency), with reference to RFP No. _____ for _____
(Name of the RFP) do hereby solemnly affirm and sincerely state that;

- a) I or any other office bearer on behalf of the Agency has not been convicted by any court of law in India or abroad for any criminal offence.
- b) The Agency has not been blacklisted by any Government (State or Central) Department or Agency in India, which is in force during the currency of the contract.

I further affirm that, in case of any such evidence in contradiction to above declaration come to the notice of the contracting authority any time during the currency of the contract then our partnership with Zilla Swasthya Samiti /NHM, H&FW Department, Govt. of Odisha under such contract shall be liable for termination in addition to other legal recourse available under the law of the land.

Dated thisDay of, 2022

Name of the Applicant

.....
Signature of the Authorized Person

.....
Name of the Authorized Person

**Notary
Regd. No.
(Seal of the Notary)**

(Seal of the entity)

FORM –T4

(To be furnished in the proposal)

**Affidavit Format for Undertaking certifying that Agency is not blacklisted
(On Non Judicial Stamp Paper of Rs. 100/- only)**

Affidavit

This is to certify and confirm that
(The name of the agency with address of the registered office), with reference to RFP No. _____ for _____ (Name of the RFP), our organization / we or any of our promoter(s) / director(s) are not barred by Department of Health & FW, Govt. of Odisha / or any other entity of Govt. of Odisha or blacklisted by any State Government or Central Government/ Department / Organization in India from participating in the Project/s, either individually or as member of a Consortium as on the _____ (Date of Signing of proposal).

We further confirm that we are aware that, our proposal for the captioned Project would be liable for rejection in case any material misrepresentation is made or discovered at any stage of the Bidding Process or thereafter during the agreement period.

Dated thisDay of, 2022

Authorized Signatory/Signature [*In full and initials*]: _____

Name and Title of Signatory: _____

(Seal of the entity)

**Notary
Regd. No.
(Seal of the Notary)**

FORM T5

(To be furnished in the proposal)

Format for WILLINGNESS/ CONSENT LETTER

I, Mr/Ms. (The name of the agency with address of the registered office), with reference to RFP No. _____ for _____ *(Name of the RFP)*, do herewith giving my consent to sign the agreement abiding by all norms.

This is for favour of your information and necessary action.

Dated thisDay of, 2022.

Authorized Signatory/Signature [*In full and initials*]: _____

Name and Title of Signatory: _____

(Seal of the entity)

Annexure-A

| SI | Districts Name | Blocks Name | Name of the SC HWCs | SI | Districts Name | Blocks Name | Name of the SC HWCs |
|----|----------------|----------------|---------------------|-----------------|----------------|---------------------------|---------------------|
| 1 | Angul | R.K Nagar | Dohali | 52 | Khurdha | Bolagarh | Arakhapali |
| 2 | | Talcher | FCI | 53 | | Banapur | Ayatpur |
| 3 | | Talcher | Santhapada | 54 | | Banapur | Kulei |
| 4 | | Talcher | Sardhapur-B | 55 | | Balugaon | Saralsingh |
| 5 | | Bantala | Badakantakul | 56 | | Tangi | Damanbhuin |
| 6 | | Banarpal | Kandsar | 57 | | Mayurbhanj | Tiringi |
| 7 | Bhadrak | Bonth | Gopinathapur | 58 | Bisoi | | Nuagaon |
| 8 | | Basudevapur | Rajaghapokhari | 59 | Bisoi | | Dumurudhia |
| 9 | | Basudevapur | Eram | 60 | Bisoi | | Majhigaon |
| 10 | | Tihidi | Bareswar | 61 | Bisoi | | Banjambilla |
| 11 | | Dhamnagar | Palasahi | 62 | Jashipur | | Genteisahi |
| 12 | | Dhamnagar | Kothar | 63 | Thakurmunda | | Saleibeda |
| 13 | | Chandbali | Dosinga | 64 | Raruan | | Nuagaon |
| 14 | | Chandbali | Panchutikiri | 65 | Jamda | | Manbir (colocated) |
| 15 | Chandbali | Kaithakola | 66 | Kaptipada | Nudadiha | | |
| 16 | Cuttack | Badamba | Kanakajodi | 67 | Kaptipada | | Bisol |
| 17 | | Narsinghapur | Bahali | 68 | Kaptipada | | Koliolam |
| 18 | | Narsinghapur | Sagar | 69 | Saraskana | | Paktia (colocated) |
| 19 | | Narsinghapur | Ransinghpur | 70 | SC Pur | | Dihirkula |
| 20 | | Narsinghapur | Balisahi | 71 | Bangiriposi | Kanjiasole (colocated SC) | |
| 21 | | Narsinghapur | Kakudia | 72 | Rasgobindpur | Kasafalia | |
| 22 | | Narsinghapur | Paikabarabati | 73 | Puri | Chilika Nuapada | Badajhada |
| 23 | | Narsinghapur | Regada | 74 | | Chilika Nuapada | Nandala |
| 24 | | Tangi Choudwar | Nuapatna | 75 | | Chilika Nuapada | Pirijipur |
| 25 | | Nuagaon | Bodal | 76 | | Chilika Nuapada | Mahinsaberhampur |
| 26 | Nuagaon | Sikhar | 77 | Chilika Nuapada | | Maluda | |
| 27 | Erasama | Bhitar Andahri | 78 | Astaranga | | Patalada | |
| 28 | Balikuda | Rahana | 79 | Algum | | Nuasamasarpur | |
| 29 | Balikuda | Marichipur | 80 | Sambalpur | | Kuchinda | Jaldihi |
| 30 | Balikuda | Kusupur | 81 | | Kuchinda | Salebhadi | |
| 31 | Balikuda | Annantapur | 82 | | Jamankira | Babukhunti | |
| 32 | Tirtol | Garam | 83 | | Bamra | Kadlijharan | |
| 33 | Tirtol | Nimakana | 84 | Sundargarh | Koira | Malda | |

| | | | |
|----|-----------|-------------|--------------|
| 34 | Jajpur | Dasarathpur | Jhargan |
| 35 | | Jajpur | Debil |
| 36 | | Korai | Dhaneswar |
| 37 | | Korai | Kantore |
| 38 | | Binjharpur | Chikana |
| 39 | | Binjharpur | Bachhal |
| 40 | | Barchana | Barunia |
| 41 | | Korai | Janha |
| 42 | | Dharmasala | Sorei |
| 43 | | Dasarathpur | Chasakhanda |
| 44 | | Dasarathpur | Kamardihi |
| 45 | | Danagadi | Kiajhar |
| 46 | | Sukinda | Kankadpal |
| 47 | | Kendrapara | Aul |
| 48 | Aul | | Aragal |
| 49 | Rajkanika | | Taras |
| 50 | Rajnahar | | Dheneswarpur |
| 51 | Rajnahar | | Bandhapada |

| | | | |
|----|--|-------------|---------------|
| 85 | | Koira | Relhatu |
| 86 | | Koira | Soyamba |
| 87 | | Koira | Rengalbeda |
| 88 | | Lahunipara | Dalamkucha |
| 89 | | Lahunipara | Barsuan |
| 90 | | Lahunipara | Haldikudar |
| 91 | | Lahunipara | Kapant |
| 92 | | Subdega | Tentulijharia |
| 93 | | Nuagaon | Barilepta |
| 94 | | Kutra | Karmabahal |
| 95 | | Balisankara | Kusumara SC |
| 96 | | Bonaigarh | Bandhabhuin |
| 97 | | Bisra | Barsuan |